
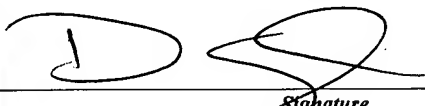
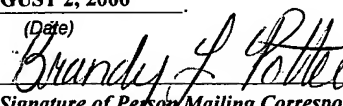
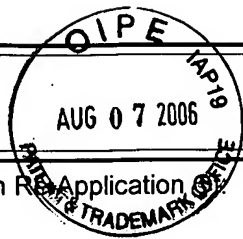


<div style="float: left; width: 150px; text-align: center;">  </div> <div style="float: right; width: 600px;"> PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Small Entity) </div> <div style="clear: both;"></div>					Docket No. STES101	
Re Application Of: DENNIS J. MICHAELSON						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/050,400	01/15/2002	CHORBAJI, MONZER R.	21,658	1744	7667	
Invention: STERILIZING APPARATUS FOR ORTHODONTIC BANDS						
<u>COMMISSIONER FOR PATENTS:</u>						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>MARCH 31, 2006</u> in the above-identified application. <div style="text-align: center; font-size: small;">Date</div>						
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> One month <input checked="" type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> from: <u>JUNE 30, 2006</u> <div style="text-align: center; font-size: x-small;">Date</div> </div> <div style="width: 45%;"> until: <u>AUGUST 30, 2006</u> <div style="text-align: center; font-size: x-small;">Date</div> </div> </div>						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
<input type="checkbox"/> The fee for the extension of time is \$225 and is to be paid as follows: <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <input type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <div style="text-align: center; font-size: x-small;">Signature</div> DEREK H. MAUGHAN DYKAS SHAVER & NIPPER, LLP PO BOX 877 BOISE, ID 83701-0877 (208) 345-1122			Dated: AUGUST 2, 2006			
cc: CLIENT			<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>AUGUST 2, 2006</u> <div style="text-align: center; font-size: x-small;">(Date)</div>  <div style="text-align: center; font-size: x-small;">Signature of Person Mailing Correspondence</div> BRANDY L. POTTER <div style="text-align: center; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div> </div>			



TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
STES104

In Re Application of: **DENNIS J. MICHAELSON**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/050,400	01/15/2002	CHORBAJO, MONZER R.	21,658	1744	7667

Title: **STERILIZING APPARATUS FOR ORTHODONTIC BANDS**

COMMISSIONER FOR PATENTS:

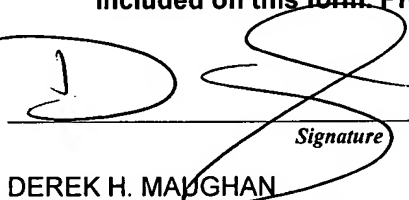
Transmitted herewith is:

**PETITION FOR 2 MONTH EXTENSION OF TIME
CHECK IN THE AMOUNT OF \$620.00
REQUEST FOR CONTINUED EXAMINATION
RETURN RECEIPT POSTCARD**

in the above identified application.

- ☐ No additional fee is required.
- ☒ A check in the amount of \$620.00 is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☐ Charge the amount of _____
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Signature

DEREK H. MAUGHAN
DYKAS SHAVER & NIPPER, LLP
PO BOX 877
BOISE, ID 83701
(208) 345-1122

Dated: **AUGUST 2, 2006**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

AUGUST 2, 2006

(Date)


Signature of Person Mailing Correspondence

BRANDY L. POTTER

Typed or Printed Name of Person Mailing Correspondence

cc: **CLIENT**